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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. 646 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 130.00

Application Number	10/564700
Filing Date	January 13, 2006
First Named Inventor	Eric Fasslau
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	05129-00116-US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
-20 =	x	=	=		50	25
					200	100
					360	180

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-3 =	x	=	=	(round up to a whole number) x	=	=

Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50	=	=	(round up to a whole number) x	=	=

4. OTHER FEE(S)	Fee (\$)	Fee Paid (\$)
Non-English Specification	\$130 fee (no small entity discount)	130.00
Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration		

SUBMITTED BY	Signature	Registration No. (Attorney/Agent)	Telephone
Signature	<i>Ashley I. Pozzner</i>	35,648	(302) 658-9141
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